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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	IN01156
First Named Inventor	ARASAPPAN
<b>COMPLETE IF KNOWN</b>	
Application Number	/
Filing Date	July 19, 2001
Group Art Unit	To Be Assigned
Examiner Name	To Be Assigned

**As a below named Inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**NOVEL IMIDAZOLIDINONES AS NS3-SERINE PROTEASE INHIBITORS  
OF HEPATITIS C VIRUS**

the specification of which

*(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/220,110	July 21, 2000	<input type="checkbox"/>

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:  Customer Number **24265** →  Place Customer Number Bar Code Label here  
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:  Customer Number **24265** OR  Correspondence address below

Name	PALAIYUR S. KALYANARAMAN			Reg. No. 34634
Address				
Address				
City	State	ZIP		
Country	Telephone	(908) 298-5068	Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

A petition has been filed for this unsigned inventor

Given Name (first and middle if any) **ASHOK** Family Name or Surname **ARASAPPAN**

Inventor's Signature	<i>Ashok Arasappan</i>					Date	<b>5/15/01</b>
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	18 LARSEN COURT						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA

Additional inventors are being named on the **2** supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 1 of 2

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
TEJAL		PAREKH						
Inventor's Signature							Date	
Residence: City	MOUNTAIN VIEW	State	CA	Country	USA	Citizenship	INDIA	
Post Office Address	1885 EDNAMARY WAY, UNIT C							
Post Office Address								
City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	USA	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
F. GEORGE		NJOROGE						
Inventor's Signature	<i>F. George Njoroge</i>						Date	06/08/01
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	KENYA	
Post Office Address	11 SOFTWOOD WAY							
Post Office Address								
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VIYYOOR MOOPIL		GIRIJAVALLABHAN						
Inventor's Signature	<i>Girijavallabhan</i>						Date	6/8/01
Residence: City	PARSIPPANY	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	10 MAPLEWOOD DRIVE							
Post Office Address								
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<b>DECLARATION</b>		<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b> Page <u>2</u> of <u>2</u>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
ASHIT K.			GANGULY				
Inventor's Signature	<i>Ashit K. Ganguly</i>					<i>6</i>	Date <i>5/20/01</i>
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA
Post Office Address	96 COOPER AVENUE						
Post Office Address							
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First Named Inventor	ARASAPPAN
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 OR  
 Registered practitioner(s) name/registration number listed below

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Address				
Address				
City	State	ZIP		
Country	Telephone	(908) 298-5068	Fax	(908) 298-5388

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A petition has been filed for this unsigned inventor

Name of Sole or First Inventor:		Given Name (first and middle if any)				Family Name or Surname		
ASHOK						ARASAPPAN		
Inventor's Signature							Date	
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Inventor's Signature	<i>Sparekh</i>						Date
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